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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i>	
Commissioner of Patents PO Box 1450 Alexandria, VA 22314-1450 Fax (703)872-9306	Serial No:
	Filing Date:
	First Named Inventor:
	Group Art Unit:
	Examiner:
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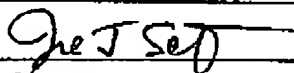
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- ☐ Applicant/Inventor
- ☐ Assignee of Record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 28686.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Typed or
Printed Name Ira J. SchultzSignature Date **3-4-05** Telephone (703)837-9600, ext. 23

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required; see below*.

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